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THE EARLY TREATMENT OF THE INSANE IN RHODE ISLAND*

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The history of the treatment of the insane in Rhode Island has two phases; the one being the preinstitutional stage, the other coincident with the beginning of institutional care and developing with it. The first takes us back to our earliest colonial times. Let us consider the first hundred years of our existence as an organized community, from the year 1636. There were insane people in the colony, who if they had friends or means, were taken care of comfortably. But there were those without any such resources in the towns, there were those wandering about who did not seem to belong anywhere; such were neglected. The homeless or strangers in need were pushed from town to town and even without the borders of the state.

This was a period of superstition, ignorance and fear in viewing the insane. Some regarded insanity as a retribution for sin; others regarded it as a misdemeanor to have a disordered mind, and to require care put the person in the light of a criminal. So not only did neglect attend the insane, but their disposition was carried out in ways which were cruel and inhumane even into the time of those who are still living. Traces of these conditions still exist. The concept of an insane person as a sick individual, in need of the best kind of care of a medical nature, has had a slow growth in the minds of many people. There are others who regard insanity as a disgrace, who try to hide the condition of such member of the family from the public, and the opportunity for early care is lost. In the commitment of a person to this very hospital, if sent here by order of a court, the process is based on the form of criminal procedure. Such person is charged with being insane and the traditional words are still retained within the mittimus, namely, "with force and arms" as descriptive of the persons behavior, and this about a person whose only misfortune is

that he or she is sick and in need of medical treatment.

But in these early times there were those with an intelligent view of this form of sickness and who were kindly disposed in their treatment. The very first record of such an instance in the history of Rhode Island is that of a communication in 1651, addressed to the Providence Town Council by no less a person than Roger Williams, calling attention to "a distracted woman," a Mrs. Weston, appealing to the Council to make provision for her, "remembering," he says, "we know not how soon we ourselves may be deprived of our reason, except mercy from the God of mercy prevent it."

From this time on for the next fifty years, there are similar records of the town council being requested to take charge of distracted persons and their estates. Towards the end of the first hundred years, towns were authorized by the General Assembly to build "houses of correction for vagrants and to keep mad persons in."

A little later, in 1742, a law was passed by the General Assembly giving into the hands of the town councils the care of insane persons and their estates, or power to appoint guardians for them. This latter measure was the first formal recognition by Rhode Island of its responsibility for these persons. It was the first forward move in that direction. It was the germ of the beginning of public provision for the insane.

In the latter part of the 18th century was inaugurated the beginning of the movement which ushered in the period of humane treatment of patients. In Paris, France, a physician, Philippe Pinel, released patients from the chains in which, in some instances, they had been confined for years, and there was no untoward result. This idea slowly gained headway in England, in this country, and elsewhere. Today there is hardly an up-to-date hospital and properly trained staff which make use of mechanical restraints in any form whatever.

Early in the 19th century there came a period, known as the Period of Awakening, when private and a few state hospitals for the insane were opened. The first in this state was Dexter Asylum, not intended as a place for the insane, but it came

*An address delivered at the Fall Meeting of the Rhode Island Medical Society, held at the State Hospital for Mental Diseases at Howard, September 3, 1936.

about that about one-third of the inmates were of this class. The condition was that they must be persons who belonged in Providence.

The introduction of humane treatment was followed by what has been named the Philanthropic Period. A remarkable woman, Dorothea Lynde Dix, had much to do with this period. She came into Rhode Island shortly after 1840 and visited all the almshouses and wherever else any insane person was confined. She gathered all the facts relating to those whom she found in these places. In some instances she found them in chains, confined in outbuildings, in great neglect. Certain instances which she related were published in the *Providence Journal*. One was described as "An astonishing Tenacity of Life." The victim, one Abram Simmons, lived in a structure built of stone, about eight feet square, where he was confined in chains. In this enclosure, water from condensation in severe cold weather would sometimes freeze on the walls. After disclosing these conditions she appealed to the citizens of Rhode Island to contribute to a fund that had been devised by the will of Nicholas Brown for an insane asylum. The amount promptly contributed insured the erection of Butler Hospital.

It was at Butler Hospital that the State entered into an arrangement which has continued to this day, for the care of some of its mental cases. As hospitals began to be established in neighboring states, Rhode Island began to board some of its cases in these hospitals. Patients were cared for at the expense of Rhode Island in Worcester Asylum, the Taunton Hospital, the Connecticut State Hospital at Middletown, and the Brattleboro Retreat in Vermont.

In 1850 Thomas R. Hazard was appointed by the General Assembly to examine the conditions of persons confined in almshouses and in the towns and rural districts. His report tallied with that made by Miss Dix a few years earlier. Although a regulation was passed that such places should receive stated inspections to prevent such conditions, this does not appear to have been carried out with consistency.

In 1867 a resolution was introduced into the General Assembly proposing that the state should purchase land on which to build an asylum for the insane. A committee was appointed to report at the next session. At the next session the resolution



Figure 1. Exterior of one of several one-story wood structures put up in 1869 at Howard, which were the beginning of the State Hospital for Mental Diseases.

was changed so as to include, in addition to an asylum, a state almshouse and a house of correction. In the session of 1869 this proposition was adopted. Land was purchased in Cranston, on the site now named Howard, and in the next few years the Reform Schools and the State Prison were also located there. No time was lost in erecting one story wood buildings for the insane. In 1870 the institution was opened under the name of State Asylum for the Chronic Insane. The Board of State Charities and Corrections was created to administer all of the different institutions mentioned as they were developed. It was intended that the wooden structures should be temporary, but the temporary period extended for more than forty years, all of these buildings being used during that time.

In 1912, as the old buildings were fast falling into decay, their replacement with new and modern structures was developing on the advancing lines of treatment of mental cases. Changing sentiment concerning these patients is indicated by the changes in the name of the institution; first, the Asylum for the Insane, next, the State Hospital for the Insane, and the present name, the State Hospital for Mental Diseases.

The above account takes up the condition of persons with mental disease from our earliest colonial times and uses the early, crude conditions as a background for a historical contrast with the stage of development at which we have begun to arrive since the opening of the present century. The year 1900 marks roughly the beginning of the scientific treatment of mental disease.



Figure 2. Interior of the structure shown in Figure 1. A ward 200 by 16 feet, 17 feet from floor to ceiling, monitor windows 14 feet from floor to sills, with one window at extreme end. Patients were in a sort of pit. Six by nine foot single rooms opened from the ward. Each of these had a single grated window containing six square feet of glass.

BEDSIDE MANNER AND PSYCHIATRY*

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The expression "bedside manner" brings to mind memories of the family physician. The bedside manner was his hall mark. By its means he gained the confidence of the patient, established rapport with the individual and gained entrance into the inner circle of the family group. In this exalted position, he counseled the group and the individuals composing it with respect to the problems arising out of their endeavors to adjust to life. The family physician recognized that the sphere of his activity encompassed all aspects of the human being who sought his aid. His concern was not restricted to the body or to any particular part of which the patient happened to complain. He did not cleave the individual into two distinct and separate parts, a body and a mind, or work on the premise that the individual, the organism as a whole, represented the sum achieved by adding up all the parts. He perceived lying there in the bed before him a human being, not just a hob-nailed liver, an ulcer, a consumptive lung.

To be sure, the family physician did not perceive the parts with any degree of accuracy. But the physicians who followed were enabled to do so by

virtue of great strides made in physiology, bacteriology, chemistry and allied sciences. And as they followed these bypaths, they quickly divested themselves of the art of medicine and cloaked themselves in what was regarded as pure science, intent on minute study of parts of the body. They lost sight of the whole in their feverish concentration on the parts. To use an analogy, they limited themselves to the study of grammar exclusively—content to diagram sentences, break them up into subjects, predicates, objects and modifying clauses, believing that the sum of the parts constituted the whole. Literature, wherein the whole sentence, paragraph or book is of importance, held no interest for them. Their attention was focused on the morbid parts, the heart, lungs, or digestive tract so that they have only casually noted the influence of the pathological part on the whole person or the pathological person on the part.

That physicians have wandered into this bypath is now being recognized. The bedside manner is being revalued. Recently Psychiatry itself has seen the importance of the total personality. This movement has been most pronounced in American psychiatry. Much of its impetus has been derived from the teachings of Adolf Meyer, Professor of Psychiatry at Johns Hopkins. Meyer¹ writes that what is of importance to us is the activity and behavior of the total organism or individual as opposed to the activity of single detachable organs. Or as Ritter,² a biologist, expresses it: "The organism in its totality is as essential to an explanation of its elements as its elements are to an explanation of the organism." Basis for such an attitude is to be found in biological considerations and clinical experience.

The biological considerations center about the principle of integration. The one celled organism, the amoeba, is an individual, a unit. In it exist most of the functions of higher animal life. As we ascend the evolutionary scale, these functions are taken over by specialized organs or systems but these organs are not, in the economy of life, permitted autonomy. Their functioning is subject to the will of the organism as a whole, inhibited or stimulated as the needs of that organism acting as a unit dictate.

This principle is expressed in the central nervous system. We speak of functional levels. There is the level of the simple reflex arc, mediated through a structural unit of but one segment of the spinal cord. However, the simple reflex arc is subject to

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the influence of the intersegmental reflexes. These in turn are subject to the whims of medullary levels or hypothalamic levels and so on until we reach the final co-ordinating and integrating level, that of the cerebral cortex. Hughling's Jackson³ spoke of the central nervous system as a hierarchy of levels—Remove the influence of one of the higher levels, then, the next lower level takes control. Neuro-anatomists and physiologists today recognize the correctness of this hypothesis and utilize it as a working basis. They acknowledge that if a part or parts had automatism, chaos would result. In the gastro-intestinal tract, should the salivary gland, the gastric mucosa, the gall bladder and the pancreas express their individualism without regard to the remaining component parts of the tract, digestion could not be as orderly a process as it is. And just as the gastro-intestinal tract is integrated for certain functions, so are other body systems. They, however, are in turn integrated to form a final unit, the organism as a whole. Since individuals, not livers, hearts, or digestive tracts, walk into our offices asking for help, it would seem we are under no little obligation to recognize and apply the principle of integration.

Substantiation for this principle is rapidly accumulating clinically. Dunbar,⁴ in his recent bibliography pertaining to "Emotions and Bodily Changes," states that several volumes would be required to cover the field adequately. With Cannon's treatise on "Body Changes in Pain, Hunger, Fear and Rage" we are familiar. Observation of little every day occurrences in ourselves and intimates would offer evidence of the role of emotional tension on the functioning of parts of our body. We are all willing to acknowledge that the complaints of diarrhea and frequency of urination of a student about to face an examination are to be attributed to the emotional tension arising from the examination situation. How we express tension is purely an individualistic matter determined by our particular life history. Many express it through the medium of the gastro-intestinal tract. The obviousness of this has been impressed upon me since medical school days. In my work in pathology often have been the times that I have hunted through a section of a surgical specimen seeking justification for its removal. A few lymphocytes clustered about a blood vessel in the adventitia of an appendix or a slightly thickened sub-mucosa have sufficed. As I would do so, I have at the same

time tried to envisage the total personality of the individual whose appendix it so recently was, and what I seemed to see was an individual who was giving expression to his problems of adjustment to this world of ours through his gastro-intestinal tract, of a physician who lacked an adequate bedside manner, who envisaged only a morphologically altered appendix. A few well-directed, common-sense questions might well have revealed tension and concern and resulted in aiding that individual in a more substantial way in his quest for health.

Stiller,⁵ writing as early as 1884, stated that some 60 to 70% of all patients who consulted him suffered from nervous dyspepsia—many of us recognize the accuracy of this observation but are content with dismissal therapy. Such cases do not present what we term cold scientific fact. Facts must be tangible in the literal sense of the word. This is not entirely in accord with a biological approach to life. Guided by such an approach, Meyer⁶ defines fact as anything the presence or absence of which as a factor in a formulated situation makes a difference.

To illustrate with a case: This individual suffers considerably from gas which accumulates only at intervals and then persists for variable periods of time. The onset of these attacks is timed with periods of emotional tension. Acquainting the patient with these observations, indicating how that tension might better be expended, relieved the patient of his symptoms. The presence of tension was a factor in the formulated situation. Without tension the complaint would not have developed. The tension, then, is a fact in Meyer's definition of the word and as such is worthy of the attention of sober, biologically trained persons.

That such facts exist in cases of hyperthyroidism seems to be fairly well established. Katzenelbogen and Luton⁷ report as an example the case of a 24-year-old girl who presented local and general symptoms of hyperthyroidism. Her history of the past six months appeared to substantiate the diagnosis of hyperthyroidism. The pulse was high, the basal metabolic rate +63. After two weeks of sedative hydrotherapy and discussion of her personality difficulties, the pulse rate came down to 70 and her basal metabolic rate to a -4. It became obvious that her original condition was that of a tension state with participation of the thyroid gland.

Katzenelbogen gives among his conclusions the following: Studies of life histories of patients hav-

ing symptoms of dysfunction of the autonomic nervous system and of hyperthyroidism bring out the presence of more or less serious psychobiological implications. Such studies strongly suggest, first, that there is a close interrelationship between the psychobiological implications and the malfunction of both the thyroid gland and the autonomic nervous system; second, that these pathologic manifestations have a common origin which may be traced to a combination of personality background, including a predisposition to hyperthyroidism, and injurious situational conditions.

"I can't sleep, doctor" is a frequent complaint that for relief requires attention to the total personality. We may indiscriminately prescribe sedatives, or we may give attention to the cause of the sleeplessness. Recently, we admitted a woman whose fears associated with pregnancy came to the surface as serious symptoms soon after her delivery. Her sleeplessness persisted in spite of great quantities of sedative. In fear states, sedatives show as little result as efforts to fill a bottomless pit. Prescription of sedatives without recognition of an underlying depression results frequently in toxic delirium due to the drugs. Feeling unwanted in her daughter's home, this patient became depressed and, as usually follows, sleepless. Her complaint to her physician was sleeplessness. Sedatives were prescribed. She used the prescription as another might use alcohol to drown her sorrows. She came to us in a drug delirium.

Skin eruptions may unfold much drama for the physician sensitized to regarding the individual as a whole. Muncie's reported case⁸ is illustrative: A woman in the fifties came to the hospital with a rather generalized cutaneous eruption, diagnosed as atypical lichen planus. Supportive treatment was helpful, but things went along slowly and variations seemed to be linked with the visits of her son. The patient blamed her condition on the fatigue caused by a long automobile ride over the mountains, through fog and rain. The facts were briefly: The patient's adored only son announced his intention of marrying a woman totally unacceptable to her. He was adamant against her protestations. Finally the patient and he took an automobile trip ostensibly to visit a relative, whom the patient hoped to enlist in her campaign against the marriage. This relative immediately sided with the son, and it was on the homeward trip, full of disappointment and tense at losing out, that the eruption began to

appear. Her condition rapidly became worse and finally forced hospitalization. She never gave up her warfare against the prospective daughter-in-law, and finally while in the hospital saw the beginnings of capitulation from her son. With this turn of events, the skin began to clear.

And so one might continue on throughout the gamut of medical symptom-complexes. It suffices if you recognize that personality disorders may simulate many disease entities. In that respect they are like syphilis. It may be equally said, to know the organism as a whole is to know medicine. Since physicians are concerned with man, a biological entity, they are under obligation to look upon him as a biological being. Failure to do so fattens the horde of cultists and quacks. They exist on medicine's indifference to the application of biological training to the organism as a whole. Such application does not necessitate special knowledge of psychiatric terminology but first and foremost, application of common sense. Psychiatry, as I conceive of it, is basically common sense with a dash of critical common sense added thereto. And common sense is not an attribute of the few.

May I in conclusion quote from Dunbar's book,⁴ "Emotions and Bodily Changes." He writes that four hundred years B. C., Socrates came back from army service to report to his Greek countrymen that in one respect the barbarian Thracians were in advance of Greek civilization: They knew that the body could not be cured without the mind. "This," he continued, "is the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole."

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THE SCHILLING HEMOGRAM IN APPENDICITIS

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(Continued from Page 176)

Table V
ACUTE GANGRENOUS APPENDICITIS
Female: Age 7 Years
NEUTROPHILES

Date	W.B.C.	Eos.	Ju.	Stabs.	Seg.	Mon.	Lym.	% Neut.	N.I.
4-8-36 Op.	16,500	0	3	7	81	5	4	91	8
4-9-36	22,600	0	4	14	77	0	5	95	4
4-12-36	14,400	6	0	10	66	11	13	76	6.6
4-14-36	18,000	0	0	14	76	0	10	90	5
4-16-36	16,200	0	0	6	76	6	12	82	12
4-18-36	8,400	0	1	1	70	9	19	72	35
4-20-36	10,500	0	2	4	77	3	14	83	12
4-22-36	7,500	1	2	2	60	6	29	64	15
4-23-36	Discharged								

Table 5 is presented to illustrate the course of an acute gangrenous appendicitis non-perforated. On the day of admission and before operation, the white blood cells numbered 16,500, there were no eosinophiles, juveniles were present 3%, stabs 7%, segments 81% for a total neutrophilic count of 91% and a nuclear index of 8. Monocytes were normal while the lymphocytes were decreased. A diagnosis was made of acute gangrenous appendicitis with peritoneal irritation and probable perforation. At operation an acute gangrenous appendix was found, difficult to deliver for fear of rupture and just as it was clamped at its base the tip perforated, but fortunately enough, the pus oozed onto a sponge. The day after operation, though the white blood cell count was higher and a greater shift to the left and a higher percentage of neutrophils found, this was interpreted as a favorable reaction to infection. The healing phase in this case is noticeable but is not as marked as will be demonstrated in other cases.

Table VI
PERFORATED APPENDICES—GENERAL PERITONITIS
NEUTROPHILES

Case	W.B.C.	Eos.	Ju.	Stabs.	Seg.	Lym.	Mon.	% Neut.	N.I.
1	15,000	.....	25	67	2	6	92	2.6	
2	18,000 (Myelo.)	3	7	83	6	.....	94	7.5	
3	13,100	4	10	10	60	14	2	80	3
4	15,400	.....	4	11	72	13	.....	87	4.8
5	13,800	.....	8	81	5	6	89	10.1	
6	20,500	.....	2	8	83	7	.....	93	8.3
7	14,500	.....	18	73	6	3	91	4	
8	14,500	.....	9	14	71	4	2	94	3
9	20,000	.....	2	30	64	.....	4	96	2
10	26,000	.....	6	41	48	4	1	95	1
11	22,400	.....	2	6	80	12	.....	88	10
12	13,000	.....	18	67	6	9	85	3.6	
13	19,700	2	2	8	86	2	.....	96	8.6
14	16,800	.....	3	6	69	21	1	78	7.6
15	12,000	.....	2	13	75	6	4	90	5
16	10,800	1	2	10	73	5	9	83	6
17	12,000	.....	12	3	73	12	.....	88	4.8
18	14,600	.....	14	72	7	7	86	5.1	
19	8,500	.....	50	33	13	4	83	—	
20	15,200	.....	8	55	26	7	4	89	—
Avg.	15,790	.35	2.2	17.6	67.8	7.6	3.1	88.8	4.8
Range	8,500-26,000	0-4	0-12	3-55	19-86	0-21	0-9	78-96	0-10.1

In table 6, twenty perforated appendices with general peritonitis are considered. The average in this group is lower for the white blood cells, juveniles, segments and lymphocytes than was found to exist in the non-perforated gangrenous appendices and the acute appendices. A considerable increase in the stab nuclears is met with while the monocytes are only slightly higher. The neutrophilic percentage is lower than in the non-perforated appendices but is on a level with the average found in the acute appendices. The nuclear index is slightly higher than in the gangrenous non-perforated appendices. These observations are remindful of the presence of a more constant degenerative shift. The stabs reach a high of 55%. Remarkable in this group is Case No. 19.

Table VII
ACUTE GANGRENOUS APPENDICITIS—GENERAL PERITONITIS
Male: Age 5 Years
NEUTROPHILES

Date	W.B.C.	Eos.	Ju.	Stabs.	Seg.	Mon.	Lym.	% Neut.	N.I.
4-17-36 Op.	8,500	0	0	50	33	4	13	83	—
4-18-36	16,500	0	2	35	39	13	11	76	1.0
4-20-36	18,000	0	.....	35	52	5	8	87	1.5
4-22-36	20,000	0	.....	28	53	8	11	81	1.8
4-24-36	25,000	0	.....	29	56	5	10	85	1.9
4-27-36	20,800	0	.....	13	52	14	21	65	4
4-29-36	18,000	0	1	13	53	10	23	67	3.7
5-1-36	8,500	0	.....	9	39	15	37	48	4
5-3-36	14,000	1	4	2	44	13	36	50	7
5-4-36	Out of bed								
5-6-36	12,000	2	0	2	54	10	32	56	37
5-7-36	Discharged								

A male child, five years of age, had been sick several days prior to his admission to the hospital. Seen by a local physician who recognized the seriousness of the illness, arrangements were made at once for his hospitalization and he was referred for operation. The blood count was not encouraging, there being only 8,500 white blood cells. There was a severe degenerative shift with the stabs numbering 50 and the segments 33 for a neutrophilic percentage of 83. The nuclear index was minus zero. In itself this meant a very serious condition and the outlook seemed hopeless. The operation was performed and for the first twenty-four hours the child did better than was expected. The following day the white blood cells had doubled in number, there was a decrease in the number of stabs and a slight increase in the segments. A marked increase in the monocytes was not an encouraging sign. The lymphocytes had decreased slightly and the percentage of the neutrophils was lower. Both of these conditions showed difficulty on the part of the patient to react, yet a rise in the nuclear index was comforting as was also the appearance of two juveniles, meaning an attempt

at rejuvenation or regeneration. There were a greater number of encouraging signs; an increase in the white blood cells, the appearance of the juveniles, a decrease in the number of stabs and an increase in the nuclear index. Two days later the case seemed still more hopeful, the white blood cells had increased to 18,000, the stabs remained at 35, while the segments increased to 52, for a neutrophilic percentage of 87 and a nuclear index slightly increased at 1.5. The monocytes and the lymphocytes had slightly decreased. After the fifth post-operative day, the progress was steady. The stabs decreased gradually, the segments remained within normal limits for a child of five years of age, the monocytes kept at a higher than normal average, but the lymphocytes exhibited a true healing phase. The neutrophils returned to normal as did the nuclear index. On the seventeenth post-operative day, the temperature having been normal for three days, the child was allowed to be out of bed and was discharged on the twentieth post-operative day, the wound being practically healed.

Table VIII

ACUTE GANGRENOUS APPENDICITIS—GENERAL
PERITONITIS
Male: Age 9 Years
NEUTROPHILES

Date	W.B.C.	Eos.	Ju.	Stabs.	Seg.	Mon.	Lym.	% Neut.	N.I.
4-6-36									
Op.	15,000	0	8	55	26	4	7	89	-0
4-7-36	13,500	0	6	27	61	0	6	94	1
4-9-36	22,000	0	2	16	72	3	7	90	3
4-12-36	35,000	0	3	5	87	0	5	95	10
4-14-36	36,000	0	2	14	69	9	6	85	4
4-16-36	28,400	0	0	8	79	7	6	87	9
4-18-36	26,400	0	0	10	73	11	6	83	7
4-20-36	22,000	0	0	10	70	11	9	80	7
4-22-36	26,000	0	0	11	70	11	8	81	6.3
4-24-36	28,000	1	0	24	60	3	12	84	2
4-27-36	14,000	0	0	3	68	8	21	71	22
4-29-36	12,500	0	0	9	74	7	10	83	8
5-1-36	14,200	2	2	2	74	2	18	78	18
5-4-36	13,500	0	1	1	67	4	27	69	33
5-6-36	16,000	3	1	2	65	6	24	67	32
5-7-36	Discharged								

Table 8 is another illustration of the course of an acute gangrenous appendicitis with general peritonitis occurring in a male child of nine years of age. The onset in this case dated back to six days before admission to the hospital. He appeared more seriously ill than the former and his blood count before operation was indicative of an extremely doubtful result. The operation was performed as hurriedly as possible and in spite of this stimulation had to be resorted to during the operation. The white blood cell count was 15,000, the juveniles numbered 8, the stabs 55, the segments 26, making a neutrophilic count of 89% and a nuclear index of -0. The monocytes and the lymphocytes were uninformative. In the presence

of such a severe shift to the left, his condition was none other than agonal. For the next six days his condition was poor and it was doubtful that he would ever recover, but with an increasing white blood cell count and a decreasing shift to the left it appeared that he might have a chance. After the eighth postoperative day the blood examination became more and more encouraging except for a slight disturbance on the eighteenth postoperative day when the stabs suddenly increased to 24. He was allowed out of bed on the twenty-eighth postoperative day and was discharged thirty-one days after the operation. The white blood cell count was still high at 16,000 but the differential had returned to normal; the eosinophiles were present 3%; there were only 2 stabs; 65 segments; 6 monocytes and the lymphocytes were now 24.

Table IX

APPENDICES WITH LOCALIZED ABSCESS
NEUTROPHILES

Case	W.B.C.	Eos.	Ju.	Bds.	Seg.	Lymph.	Mon.	% Neut.	N.I.
1	36,000	.....	5	15	75	.....	5	95	3.7
2	14,500	.....	5	1	78	15	1	84	13
3	14,000	.....	2	3	78	12	5	83	15.6
4	25,400	.....	5	17	76	2	.....	98	3.4
5	22,800	.....	1	1	80	18	.....	82	40
6	18,400	.....	5	15	79	1	.....	99	3.9
7	14,400	.....	2	4	76	13	5	82	12.6
8	20,000	3	6	7	77	7	.....	90	5.9
9	12,500	.....	5	15	64	10	6	84	3.2
10	14,000	.....	2	15	76	5	2	93	4.4
Ave.	19,200	0.3	3.8	9.3	75.9	8.3	2.4	89.0	10.5
Range	12,500 36,000	0-3	1-6	1-17	64-80	0-18	0-6	82-99	3.2-40

Table 9 is devoted to appendices with localized abscess. In this group ten cases are collected and it is found that the white blood cell count has an average higher than in any of the preceding groups and furthermore that the range is maintained higher, the lowest count being 12,500 and the highest, 36,000. The eosinophiles are uninformative and the juveniles are not more than moderately increased at any time, their average being 3.8 and the highest count, 6. As a group, the bands are only slightly increased, their average is 9.3 and the highest count, 17. This compares favorably with the stab count in the acute and the acute non-perforated gangrenous appendices. In none of these cases is there a pronounced shift to the left. The segment range is fairly constant and the counts are not extreme, low is 64 and high is 80. The average is 75.9 and this is found to be similar to the average met with in the acute and the acute gangrenous appendices without perforation. The range in the total percentage of the neutrophils is maintained at a high level but is shorter and more limited than in any of the other groups, while the

average is 89%. The nuclear index varies considerably. In cases 4 and 6 there is an almost total neutrophilic count, in the former a total of 98%, while in the latter the percentage is 99.

Table X

APPENDICEAL ABSCESS—THREE MONTHS DURATION

Female: Age 39 Years

NEUTROPHILES

Date	W.B.C.	Ju.	Bds.	Seg.	Mon.	Lymph.	% Neut.	N.I.
4-15-36	20,000	0	15	72	5	8	87	4.8
4-16-36	Op.	0	16	72	2	10	88	4
4-18-36	28,400	24	0	64	4	8	88	2
4-24-36	24,400	0	38	47	4	11	85	1
4-27-36	22,800	0	49	40	4	7	89	-0
4-28-36	25,000	2	31	57	5	5	90	1
5-1-36	12,500	3	1	74	13	9	78	18
5-2-36	16,500	0	64	27	2	7	91	-0
5-4-36	15,000	0	25	57	11	7	82	2
5-6-36	16,500	0	35	51	5	9	86	1
5-8-36	21,000	4	35	51	3	7	90	1
5-11-36	18,600	8	49	34	.....	9	91	-0
5-13-36	14,000	.....	24	62	4	10	86	2.5
5-15-36	14,500	2	18	66	.....	14	86	3.3
5-18-36	18,500	2	14	70	6	8	86	4.3
5-20-36	13,000	4	26	54	4	12	84	1
5-22-36	18,500	.....	10	77	4	9	87	7.7
5-25-36	16,800	.....	15	69	8	8	84	4.-
5-27-36	6,500	Eos-2	.....	71	7	20	71	71
5-29-36	12,500	6	37	49	.....	8	92	1.4

Table 10 illustrates the course of an appendiceal abscess. From the history, it appears that the date of the onset occurred three months previous to the admission to the hospital. The white blood cell count was 20,000, the bands were 15 and the segments 72 for a total neutrophilic count of 87% and a nuclear index of 4.8. On the day of operation, the count was approximately the same. Two days later, the white blood cell count had increased to 28,400 and with the juveniles at 24 and the segments at 64, a regenerative shift was present. On the eighth post-operative day, there was a decrease in the white blood cells, an absence of juveniles and the bands numbered 38 with a decrease in the segments to 47. This was evidence of a degenerative shift. On the eleventh post-operative day, the condition was slightly worse and somewhat better on the twelfth. On the fifteenth post-operative day, her condition was poor and intravenous medication was resorted to. In the presence of a very severe infection and with a white blood cell count of only 12,500, 3 juveniles, 1 stab, 74 segments for a total neutrophilic count of 78% and with 13 monocytes present it appeared that the patient had rallied as much as she was able. This was confirmed by a blood count on the following day, when the bands numbered 64%. This seemed to be a turning point in her condition and except for an occasional slight disturbance, she made slow but steady progress. One month after operation, there was considerable improvement both in the blood count and the clinical aspect of the patient. On May 20, there was

a slight change in her condition, an increase in the stabs was found but at the same time there was an increase in the lymphocytes. During the seventh week of her illness, the stabs gradually decreased and the lymphocytes showed an increase with the nuclear index averaging 7. On the forty-first post-operative day, her temperature rose late in the afternoon to 103 F., and there were rales in both lungs, suggesting a probable broncho-pneumonia. The following day, the blood findings were: juveniles 6, stabs 37, segments 49, for a total neutrophilic count of 92% and a nuclear index of one plus. Her temperature remained between 102 and 103 F. On the forty-third post-operative day, her temperature dropped to 100 F. and her general condition was much better.

Table XI

TABLE XI—MISCELLANEOUS
NEUTROPHILES

Case	W.B.C.	Eos.	Ju.	Sta.	Seg.	Lym.	Mon.	% Neut.	N.I.	Type of Case
1	10,000	.....	9	45	31	10	5	85	0	Chronic Obliterative
2	16,000	1	6	.....	76	13	4	82	12	Acute Degenerative
3	14,000	.....	4	2	73	12	9	79	12	Acute Perforated
4	16,000	.....	.....	2	86	6	6	88	43	Acute Perforated
5	23,000	.....	1	1	94	4	.....	96	47	Chronic Cystic (Acute)
6	8,800	2	.....	1	69	22	6	70	69	Chronic Degenerative
7	9,500	2	.....	1	74	17	6	75	74	Incipient Acute
8	6,875	1	.....	1	82	15	1	83	82	Chronic Degenerative
9	12,000	1	.....	.....	83	16	.....	83	83	Chronic Obliterative
10	15,000	.....	.....	.....	86	7	7	86	86	Acute
11	12,000	.....	.....	.....	97	3	.....	97	97	Chronic Obliterative

In table 11, eleven unusual cases are grouped. Case number 1, that of a chronic obliterative appendicitis, has only 10,000 white blood cells, but a severe shift to the left; 9 juveniles, 45 stabs and a nuclear index of —0. Case number 2, an acute appendicitis, with 16,000 white blood cells, shows a mild regenerative shift. Cases numbered 3 and 4, both acute perforated appendices, have practically no shift, most remarkable in the latter. In the 5th case, there are 23,000 white blood cells, no shift to the left, but 94 segments present for a total neutrophilic count of 96% and yet the diagnosis was chronic cystic appendicitis. The remaining cases have no shift to the left. The 11th case is remarkable for a segment count of 97% in spite of a white blood cell count of 12,000. These were put aside and considered of importance in bringing out the fact that the Schilling Count is not one hundred percent dependable.

For comparison between acute salpingitis and acute appendicitis and again between salpingitis with pelvic abscess, table 12 has been prepared. It

Table XII

Case	W.B.C.	ACUTE SALPINGITIS NEUTROPHILES							Sed. Rate
		Eos.	Ju.	Bds.	Seg.	Mon.	Lymph.	Neut.	
D-30	16,500	0	1	4	87	2	6	92	17
C-25	14,500	0	0	5	83	6	6	88	15
D-22	21,000	2	3	5	77	5	8	85	9.6
A-22	24,600	0	7	5	75		13	87	6
SALPINGITIS AND PELVIC ABSCESS									
M-22	13,000	0	3	23	61	8	5	87	2
M-22	22,400	0	0	23	67	5	5	90	2
M-22	20,800	0	2	20	65	6	7	87	2
M-22	14,500	0	0	2	79	11	8	81	39
ACUTE APPENDICITIS—ALMOST GANGRENOUS									
C-25	14,500	0	2	8	84	3	3	94	8.4

will be noticed that in the acute salpingitis there is usually no shift to the left, while in salpingitis with a pelvic abscess, there is a shift to the left. For differential diagnosis the blood count must be considered along with the history, symptoms, clinical findings, vaginal smears and an estimation of the sedimentation rate. Case C-25 was seen in December of 1935; had a white blood cell count of 14,500, juveniles 2, bands 8 and segments 84, for a total neutrophilic count of 94%. The pathological report came back with a diagnosis of acute appendicitis almost gangrenous. The same patient was seen six months later with a white blood cell count of 14,500, which was the same as that of six months previous. There were no juveniles present, bands numbered 5, segments 83, a total percentage of neutrophils of 88 and a nuclear index of 15. The sedimentation rate was 66. The differential diagnosis in this case was not difficult because the appendix had been removed six months before.

Summary

The Schilling Hemogram is a decided improvement over the Ehrlich differential blood count.

It is more informative and of greater corroborative evidence.

Through it, there will be a better interpretation of the actual condition.

Its value as a diagnostic sign and as a prognostic measure has been confirmed.

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PROVIDENCE MEDICAL ASSOCIATION

Minutes of the November Meeting

The regular monthly meeting of the Providence Medical Association was called to order by the President, Dr. William S. Streker, on Monday, November 2, 1936, at 8:50 P. M.

The minutes of the last meeting were read and approved.

The Secretary read an announcement of the Clinic Day to be held at Pawtucket Memorial Hospital on November 4, and an announcement of the meeting to be held in Sayles Hall on November 16, under the auspices of the Women's Field Army of the American Society for Control of Cancer.

An obituary on Dr. Byron J. Lillibridge was read by Dr. Jesse E. Mowry and it was voted that this be spread on the records and a copy sent to the family.

The President spoke on Contract Practice and sounded a note of warning for new and younger members to be wary of entering into such contracts.

The President appointed Dr. Edward S. Brackett and Dr. Harry C. Messinger to act as an obituary committee for the late Dr. James W. Leech.

The scientific program was given by Drs. Franklin P. Lowry and William T. Green of Boston, who spoke on The Practical Use of Physical Therapy. Dr. Lowry described the electromagnetic spectrum. He discussed various forms of apparatus for use in physical therapy, dealing especially with light, high frequency currents and artificial fever. Dr. Green discussed the simpler forms of physical therapy such as guided active exercise, massage, and baking, and the use of these measures in such conditions as infantile paralysis and fractures. The papers were discussed by Drs. William N. Hughes, William A. Horan, and Hugh E. Kiene.

Meeting adjourned at 10:30 P. M. Collation was served.

Respectfully submitted,

HERMAN A. LAWSON,
Secretary

When a physician is called to the patient of another physician during the enforced absence of that physician, the patient should be relinquished on the return of the latter.

From the Code of Ethics of the A. M. A.

THE RHODE ISLAND MEDICAL JOURNAL

106 Francis Street, Providence, R. I.

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GEORGE L. YOUNG, M.D.

DR. W. LOUIS CHAPMAN

And so he is gone. Gone before his expected time. This talented and versatile man, a musician of exceptional ability, pianist, organist, cellist, a keen and exacting critic of music, an energetic, industrious, capable physician alert of mind and a well-nigh brilliant entertainer.

To those he has left our heartfelt sympathy goes out. If we may offer an apostrophe to his memory we would say: Dr. Chapman, it is our unfortunate and mournful privilege to salute you.

F. N. B.

HEALTH INSURANCE PROSPECT

In a recent publication by the Public Relations Bureau of the New York State Medical Society, the quality of medical care under a compulsory health insurance plan is discussed. The viewpoint that a poorer grade of students will choose medicine as their field of endeavor is predicted by apparently sound reasoning.

The article shows the tendency of the most brilliant youthful minds to gravitate toward the occupation offering the greatest fame and reward from the time of the ascendancy of the church down through the time of the industrial expansion. During this latter time medicine also made its amazing progress with no reason to doubt its continuance if left undisturbed by government influence. The public of course benefited in direct proportion to the progress of scientific medicine.

Under compulsory health insurance, however, what fame and reward awaits a brilliant youth after his preliminary and medical education, internship and a post-graduate course? Certainly there will be no fame or reward in a government job. There will be no incentive in treating an assigned number of patients in a given time.

What type of student then will choose medicine as a career? Instead of the brilliant one who alone is able to enter medical school, the future student and doctor will be a far less able one who will be contented with a living rather than fame. A consequence therefore will be that the death rate will rise to the level of that of every other country where compulsory health insurance is in force and the public will have to be contented as it has been in Russia with very little or no real medical care.

G. W. W.

OLD FRIENDS ARE BEST

With deep regret, the JOURNAL notes the death of one of its most highly valued contributors, for the past fourteen years a faithful member of its Editorial Staff. For many years, Dr. William Louis Chapman was an active member of the Staff of St. Joseph's Hospital, conducting his service with due interest and with enthusiasm for original investigation. In medical research, he was awarded the Alvarenga Prize of the College of Surgeons of Philadelphia for an essay on "Post-operative Phlebitis, Thrombosis and Embolism," and the Fiske Fund Prizes of the Rhode Island Medical Society; XLVI, on "Autointoxication as a Cause and Complication of Diseases," XLVIII, on "Sequellæ of Gonorrhœa in Both Sexes," and LV, on "Etiology, Pathology and Treatment of Phlebitis." From his scientific research came valuable improvements in the art of photography, general and Roentgenological. In his early youth, Chapman studied music intensively. At the age of seventeen, he was organist and choirmaster at the Church of the Immaculate Conception at Lynn, Mass. Here he gained the exhaustive knowledge of sacred and classical music which was the wonder of the audiences to which he later lectured on musical topics and the delight of the readers of his musical criticisms. Many of Louis Chapman's oldest friends will best remember him, not as the skilful physician, the brilliant critic, the tireless seeker of truth, but as a master of the church organ, on some quiet afternoon, giving the great instrument free rein, and leading his intimate audience through an entrancing maze of Beethoven Symphonies and the Fugues of Johann Sebastian Bach.

A. H. M.

THE CADUCEUS CLUB

Discussion of Socialized Medicine, in the face of present economic and social unrest, has maintained the interest of the entire medical profession. Influential politicians, sagacious social workers, through passionate oratory and newspaper propaganda, seriously endeavored to discredit the time honored profession. Through proposed legislation they endeavored to shape our professional lives along policies which, through erroneous and incomplete statistics, apparently were beneficial to the economic and social status. No subject concerning the medical profession seemed so fraught with power to stir the profession to action as socialized medicine. Committees were organized, public lectures were given by members of the various medical societies, legislators were approached. To quote from the 1936 Annual Address of the President of the American Medical Association: "There have been times during the past two years when it appeared that disaster was just ahead, when government, in effort to extend social reform, appeared ready to reach out for the control of medical practice, and those who are familiar with the results of such government control in other countries contemplated this step with grave misgivings. But the leadership exercised by you over a united medical profession and its influence on public opinion were wise and effective and no such change was accomplished."

Now we are in a lull after the storm. What the future holds time only will tell. Shall we wait inactive until the writing again appears on the wall? With this thought in mind twenty-two Pawtucket physicians, after due consideration, formed the Caduceus Club. The purpose of this club is to crystallize the opinion of medical men on problems affecting their welfare in relationship to the community and to each other. The membership is limited to physicians residing or practicing in Pawtucket. Meetings are held monthly except in the summer and are an open forum for exchange of opinions. Here we meet each other and get acquainted, discuss our problems and arrive at some solution. Numerous committees are functioning: an educational committee is arranging a program of lectures for the public in Pawtucket by members of the group; a credit rating committee has established a medical credit rating bureau which is operating to the satisfaction of all; an investigat-

ing and grievance committee and others which have definite problems to solve. We are interested in everything medical; our programs are not social, not didactic from the scientific standpoint; other societies of which we are members arrange these for us. The economic situation of our practice and the community health are our chief objectives. During October of each year the Club, with approval of the Medical Society, sponsors a diphtheria campaign with entire co-operation of the local and state health departments.

The definite agreement on fees in lodge, insurance, industrial, government and group work holds untold future possibilities. When we as physicians realize our duty to the community at large, both the physician and the community will benefit. The community will become medical minded and assured that the practice of medicine is uniform as regards ethics. The forgotten general practitioner will be restored to the pinnacle he once occupied, and Socialized Medicine will never be attempted in Pawtucket.

Members of the Caduceus Club will be glad to meet physicians of other communities who contemplate formation of similar clubs and explain the finer operations of the Caduceus Club.

T. A. KROLICKI

The monthly meeting of the Caduceus Club was held at the T. K. Club November 9, 1936. The meeting was called to order by the President, Dr. Thaddeus A. Krolicki.

Dr. Farrell, chairman of the Education Committee, announced the beginning of a series of medical lectures to be given by club members during the winter season, the first to be given November 17, 1936. Lectures will be given on alternate Tuesdays.

The annual banquet of the Club will be held the second Monday in January. Dr. Robert Henry was appointed chairman of the Banquet Committee by the President.

It was voted, following a report by Dr. Kelly, that the Club contribute twenty-five dollars to the Community Chest.

Dr. Sprague reported the names of five physicians for membership. Action upon these applicants will be taken at the December meeting.

A collation was served, after which the meeting adjourned.

Personal Notes

The funeral service for Dr. William Louis Chapman was held at his late residence, at noon, on November 18, and was conducted by Reverend Augustus M. Lord. Following a request which Dr. Chapman had made, the Andante movement from the C. Minor Sonata, No. 1, of Saint Saëns, was played by Jean Bedetti, cellist, and Felix Fox, pianist, distinguished Boston musicians and life-long friends of Dr. Chapman. The Rhode Island Medical Society and the Providence Medical Association were represented by officers and many members. The Staff of St. Joseph's Hospital, of which Dr. Chapman was a long-time member, was represented by the entire Executive Committee of the Staff, including Drs. A. G. Fidanza, E. F. Burke, W. R. McGuirk, W. S. Streker, F. E. McEvoy, W. A. Horan, J. P. Cooney. The ushers were Dr. F. E. McEvoy, Dr. G. F. VanBenschoten, Dr. A. H. Miller, Sigmund W. Fischer, Jr., Esq. and Mr. Ellery L. Wilson, Jr.

At St. Joseph's Hospital, two new subdivisions have been added in the Department of Medicine: Diabetis, in charge of Dr. Casimer J. Miga, and Allergy, under Dr. Frederick R. Riley.

October 27. An attractive program was presented at the regular meeting of the Malpighi Club. Dr. William Newton Hughes gave the principal address, on the subject "Neuropathology." Dr. Vita L. Raia sketched the history of "Italian Medicine in the 17th Century." Dr. William P. D'Ugo read a short paper on "Prostatic Massage."

November 10. At the regular monthly meeting of the Amos Throop Medical Club, Dr. Cecil C. Dustin was the guest speaker; his topic, "Hypothyroidism."

November 12. A regular meeting of the Staff of St. Joseph's Hospital was held in the auditorium of the Nurses Home. Right Reverend Peter E. Blessing, D.D., V.G., gave the opening address. Dr. Jerome J. McCaffrey read a paper on "Spinal Epidural Abscess" which was discussed by Drs. Donley, McDonald, McEvoy, Horan and Hamilton.

November 15. Attendance at the Sunday afternoon lecture at the Medical Library Auditorium was more than 150. Dr. Philip Solomon and Dr. Hugh E. Kiene spoke on "Why People Misbehave." Dr. Solomon treated the subject from the pediatric standpoint and Dr. Kiene from the adult

side. Dr. John E. Donley supplemented the lecture with remarks from the psychiatric standpoint.

November 16. At the monthly meeting of the Thirty-four Medical Club, Dr. Adolph W. Eckstein spoke on "The Question of Drainage in Peritonitis." After reviewing the anatomy of the peritoneum and classifying the varieties of inflammation which may affect it, he cited the arguments of many authorities, for and against drainage. In the discussion which followed, the majority favored the use of drains in localized inflammation but opposed drainage for general peritonitis.

November 17. At the regular monthly meeting of the General Staff of the Homeopathic Hospital of Rhode Island. Dr. Irving Walker, Chief Surgeon at the Boston City Hospital, spoke on "Abdominal Complications Following Surgery."

November 20. At the monthly meeting of the Friday Night Medical Club, Dr. Frederick V. Hussey read a paper on "Special Phases of Common Duct Surgery."

November 22. The Sunday afternoon lecture at the Medical Library Auditorium was given by Dr. Frank B. Cutts on the subject, "Facts and Fancies of Rheumatism." The lecture by Dr. Frank W. Dimmitt on November 29 completes this series. Increasing attendance indicates the value and appreciation of these lectures.

Rhode Island Hospital Notes

Dr. Henry Atha, who completed his internship Nov. 1, was married on Nov. 16 to Miss Grace MacTavish, a graduate of the Rhode Island Hospital Training School for Nurses. The ceremony was performed by the groom's father at his home in Groton, Conn. Dr. and Mrs. Atha are spending their honeymoon in New York City. They expect to take up residence in Thomaston, Conn.

Dr. Palmer Congdon of Woban, Mass., Harvard Medical 1936, started his internship on Nov. 15.

Born in New York City November 13, 1936, to Dr. and Mrs. Russell Scobie—twins, Katherine and Russell. Dr. Scobie interned at the hospital from 1929 to 1931.

Dr. George Matteson has taken up residence for the winter at 133 Pitman Street.

Dr. Louis Chapman passed away on November 15th at his home in Providence. Dr. Chapman was on the Surgical O. P. D. Staff from 1904 to 1908.

Dr. Elliott Shaw is convalescing at his home after an illness at the Jane Brown Hospital.

Dr. George Warren Gardener, a member of the staff of the hospital from 1901 to 1924, passed away November 13, 1936, in Damariscotta, Me. He was 63 years of age.

Priscilla, daughter of Dr. William Murphy of Brookline, Mass., was killed in a cabin plane crash near Marcellus, N. Y., on November 16. Dr. Murphy interned at the hospital in 1919-1921. In 1934 he was co-winner of the Nobel Prize for Medicine. Priscilla, although only sixteen years of age, was a licensed pilot. She was born during Dr. Murphy's internship at the R. I. H.

Dr. Wilfred Pickles has returned from Bethel, Maine, where he convalesced after an operation at the Jane Brown Memorial.

Memorial Hospital Notes

An example for the hospitals of Rhode Island in the conducting of clinics was given at the Memorial Hospital on Wednesday, November 4th. An attendance of approximately three hundred and fifty doctors spent the day at the hospital. It was noted that there were a large number of general practitioners present in addition to some of the leading men in the different specialties from the state. All the orthopedic men from Rhode Island as well as the orthopedic men from Fall River, New Bedford and some from Boston attended.

From information received as to the conduction of these clinics, they were not just haphazard preparations but are clinics prepared throughout the year by the various services. The arrangements are definitely planned so that there is no hitch on the clinic day, different clinics being conducted on time and proper arrangements made for the men attending to know just where they are going and what they are to see. It requires co-operation between the different services and the different men on the staff to have them successful. That this is being done is evidenced by the increasing number of physicians that attend the yearly clinics. There are enough of the younger men on the various services to carry out considerable of the preparation so that the chiefs and assistants may correlate and add to their own material.

The invited guest speakers were loud in their praise of the way the clinics are conducted and expressed themselves as well repaid for their trip to Rhode Island to contribute to the success of the clinics. These clinics have become an established institution at the Memorial Hospital, being held at the same time each year.

Dr. Frederick A. Webster has been appointed to the Medical Service, O. P. D.

Dr. Thomas J. Dolan has been appointed to Pediatrics, O. P. D.

Dr. John F. Kenney gave a talk to the Memorial Hospital Nurses Alumnae on "Medical Conditions in Russia and Scandinavian Countries."

RECENT BOOKS

PRINCIPLES AND FOIBLES OF CANCER RESEARCH IN REGARD TO ETIOLOGY AND NATURE. By William Rienhoff, Sr., F.A.C.S. Waverly Press, Inc., Baltimore, Maryland, 1936.

In a book of 165 pages containing 611 references to the literature on cancer research the author has tried to find a way through the maze of opinion, theory, and speculation which surrounds present day knowledge of the cancer problem, and by presenting the known facts which have been established and trying to fit them into a logical pattern, to suggest some practical hints towards a rational view of a probable etiology and nature of cancer, to point in the direction where a solution might lie in hiding, and try to map out the road by which to reach it! To attain his object, his direction, he feels it necessary to call on reason to draw from what premises are actually known, or generally recognized, certain probable conclusions, and then to direct experiment and research towards proving them.

Space does not allow a full discussion of the train of logic and discussion of theory and opinion on which the author comes to his conclusions. Suffice it to say that he seems to have covered the ground thoroughly, at least to have brought in for analysis all the more important considerations as evidenced by his multitude of world renowned authorities. The author comes finally to certain conclusions towards which fact and reason seem to point with, to him, almost certainty. These are:

- (1) Cancer is an infectious growth.
- (2) The cancer cell is a dualistic organism in constitution and action, consisting of a living filtrable virus and a fixed living body cell.
- (3) The interaction between the two is that of an actual cell invasion of the germ into a cell deficient in its impermeability; and to the progress of the germ into the cell nucleus where cancer development really starts.
- (4) Sarcoma is the outcome of a germ invasion in subcutaneous lesions; carcinoma is the outcome of invasion into a defective cell in process of repair.
- (5)
- (6) Internal propagation of cancer takes place by coherent descendants through cell proliferation and by disjunctive metastases, not by mere contact.
- (7) Cases of apparent inheritance are due to prenatal and early postnatal virus invasion.
- (8) Cancer virus has to be considered ubiquitous, persistent after the death of the cancer cell, capable of

independent extraneous existence and transmissible in as yet obscure ways. An outright declaration of non-transferability of cancer is not appropriate.

With these conclusions in mind the author then makes suggestions as to the path future research should follow with the hope that when his desired facts are demonstrated that his reasoned conclusions will be shown to have pointed the way.

The book seems to the reviewer to be exceedingly well written. To the student of research it should be well worth the effort and time required to follow its argument. It is not a book to be lightly skimmed over and tossed aside, but calls for considerable concentration and re-reading. Whether the virus theory will prove the right one or not, the author seems wholly convinced that it will. We shall watch future development with renewed interest. We gladly recommend the book to all who are interested in the etiology and nature of cancer.

G. W. WATERMAN.

MEDICAL CLINICS OF NORTH AMERICA. Issued serially, one number every other month. Volume 20, Number 2. St. Louis Number—September 1936. Octavo of 350 pages with 24 illustrations. Per Clinic year July 1936 to May 1937. Paper, \$12.00; Cloth, \$16.00 net. Philadelphia and London. W. B. Saunders Company, 1936.

The September copy of the Medical Clinics of North America is the St. Louis number. A symposium is given on the Endocrine system with papers as follows: MacBryde, Borderline Endocrine Disturbances; Deutch, The Diagnosis and Treatment of Endocrine Infantilism; Bulger, Endocrine Obesity; Barr and Manbacher, The Treatment of Pituitary Insufficiency and Hyperfunction; Aitken, Diagnosis and Treatment of Hyperinsulinism. Following this are eighteen papers on various subjects including excellent discussions on Peptic Ulcer, the treatments of Uremia, Bronchial Asthma, Myocardial Insufficiency, Pulmonary Bleeding, Emphysema, etc. Space does not allow a detailed review of all these papers. A few that particularly appealed to the writer will be mentioned.

In the Diagnosis and Treatment of Hyperinsulinism, Aitken presents a case which at operation was found to be caused by an adenoma appearing in the middle of the pancreas. Removal of this tumor brought a cure. The symptomatology is well discussed. The differential diagnosis is well presented and the pathology is carefully outlined. For treatment from a medical standpoint, he suggests a high fat diet (60 gms. carbohydrate, 60 gms. protein, and 210 gms. fat) in which the depressing effect of insulin stimulation is utilized in the large fat ratio intake. The usual high carbohydrate diet he feels is apt to lead to too much adiposity.

Hempelmann in a paper on Encephalitis gives an excellent review of the disease, outlining its various forms, and various etiological factors, with particular emphasis laid on the recent epidemic in St. Louis.

Larimore in a discussion of Peptic Ulcer lays stress on the factors which predispose to the condition and urges that the disease be approached not from a surgical standpoint but from that of treating the patient as a whole and thereby disestablish the factors which promote the development and progress of the lesion.

With the passage in Rhode Island of a bill making silicosis a disease compensable in industry, Singer's article on the Silicosis Problem is of interest. A discussion of the symptoms, physical signs, X-ray examination is clearly given. Those physicians who are doing industrial medicine will be repaid if they read this article.

Of interest to the pediatricians are four articles dealing with infantile colic, functional disorders of children, vomiting of the newborn, and eczema. Again it is stated that each author has handled his problem well.

The articles on the treatment of myocardial insufficiency sum up the present knowledge of the profession on these subjects. They give us nothing more than any textbook, yet prove interesting and refreshing to read.

Eyermann in his discussion of the Treatment of Bronchial Asthma sums up the armamentarium at the hands of the physician. He emphasizes the employment of small frequent dosage of adrenalin, rather than the infrequent large dose, and feels that the best therapeutic results are obtained by a study of the patient as a whole, and applying treatment guided by the integration of this knowledge.

This volume again maintains the high standard set by previous issues, and should be noted by every physician desirous of keeping up to date.

F. H. C.

EXOPHTHALMIC GOITER AND ITS MEDICAL TREATMENT. By Israel Bram, M.D., Medical Director, Bram Institute for the Treatment of Goiter and Other Diseases of the Ductless Glands, with a Foreword by R. G. Hoskins, Ph.D., M.D., Second Edition Completely Revised and Enlarged. Pp. 456 with 79 illustrations. Cloth, \$6.00. The C. V. Mosby Company, St. Louis, 1936.

This work is an excellent treatise on the etiology, diagnosis, and principles of the medical management of exophthalmic goiter based on personal experience with over 5000 cases of this disease observed within a period of twenty-five years. As the author states in the preface, this book is largely an exposition of the broad definition of the term *medical treatment* as he has practiced it for many years. The work is intended to assist in perfecting the efforts of the surgeon and roentgenologist in restoring their subjects of Graves disease—a class of patients which has heretofore been a perplexing and tantalizing problem—to permanent health, usefulness, and happiness. It is directed to the internist and general practitioner who wish to apply a rational medical regime as the "sole" treatment.

Briefly, it is the aim of the author in the study of the cause and cure of Graves disease, not merely to concern with the thyroid, but with humanity itself. And, therefore, in outlining a successful course of management of these patients the physician must have in mind the training of such patients to face the struggle for existence with the confidence and imperturbability so essential to self-preservation.

The reviewer is amazed at the enormous amount of fine and useful material contained in this small handbook, and is particularly impressed with the valuable chapter on psychotherapy in the handling of these sufferers. In the introduction to this chapter he quotes the late eminent physiologist, S. J. Meltzer, "Lighter than air is psychotherapy. Do not practice it consciously. Have a thorough knowledge of your subject which entitles you to speak with conviction; be sincere in your dealings with your patient so as to gain his confidence; have sincere sympathy . . . which ought to manifest itself without obvious demonstration; be practical in your advice and talk to the patient and his surroundings in common sense terms and you will have practiced psychotherapy honestly and successfully . . ." This book is very valuable for what it is—a clear exposition of the medical management of exophthalmic goiter and the author deserves much commendation for his accomplishment of such a purpose.

Internists and general practitioners for whom this volume is primarily intended will be amply rewarded for the time spent in reading the various chapters of this book and may often find it to be a valuable reference work in any endocrinological problem.

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